

Margret Jane Brusnec

Town

County

Died at

Bishoptsville

MARYLAND

Month

Day

Y. M. D.

Native of

Date 1903

May 5

Age 83

29

Delaware

Occupation

Mother

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of Jacob Brusnec

Wife

Father's

Name

Mitchell Myall

Mother's

Maiden Name

Sophiah

Cause of

Primary

old age and pernicious

How long sick

3 weeks

Death

Immediate

No

154

Accident, Suicide, Homicide

Reported by

Jacob Townsend

Timothy Bayne

Address

Bishoptsville Md

Bishoptsville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Virginia Cropper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Pocomoke City	Worcester				
Date of death	1903	Month	Day	Years	Months	
Sex	Girl	Color	Age	Colored	Days	
Married, Single or Widowed	Belva Cropper None					Occupation
Name of Wife or Husband	Belva Cropper					
Father's Name	Livi Cropper					Father's Birthplace
Mother's Maiden Name	Belva Milleman					Mother's Birthplace
Name of person giving information	Livi Cropper					How related to deceased

Pocomoke City -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hysteria (since born)		How long	1 month
Immediate	Dad - Brain		How long	1 month
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	151 Main
			Address	
Accident or Suicide?				



Name
in
Full

Richard J Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	79	3	
Married, <input checked="" type="checkbox"/> Widowed	Occupation	Married Muller			
Name of Wife or Husband	Eliza A				
Father's Name	James Dixon				
Mother's Maiden Name	Sophia Otter				
Name of person giving information	J.P. Carey				

CAUSES OF DEATH

Primary	Leprosy		How long	two months
Immediate	Exhaustion		How long	two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Samuel S. Lurman	
		Address	Pocomoke city, Md	
Accident or Suicide?				

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at Concord Snow Hill		worcester		MARYLAND			
Date of death 1903	Month May	Day 10	Age 18	Years —	Months —	Days —	
Sex male	Color or Race white	Occupation Married, Single or Widowed Married		Birth- place Maryland			
Name of Wife or Husband	Sallie Guthery		Father's Birthplace				
Father's Name	William Guthery		Mother's Birthplace				
Mother's Maiden Name							
Name of person giving Information	William Guthery		How related to deceased Son				

CAUSES OF DEATH

Primary

Cancer

How long

3 yrs

Immediate

Heart Failure

45

How long

4 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

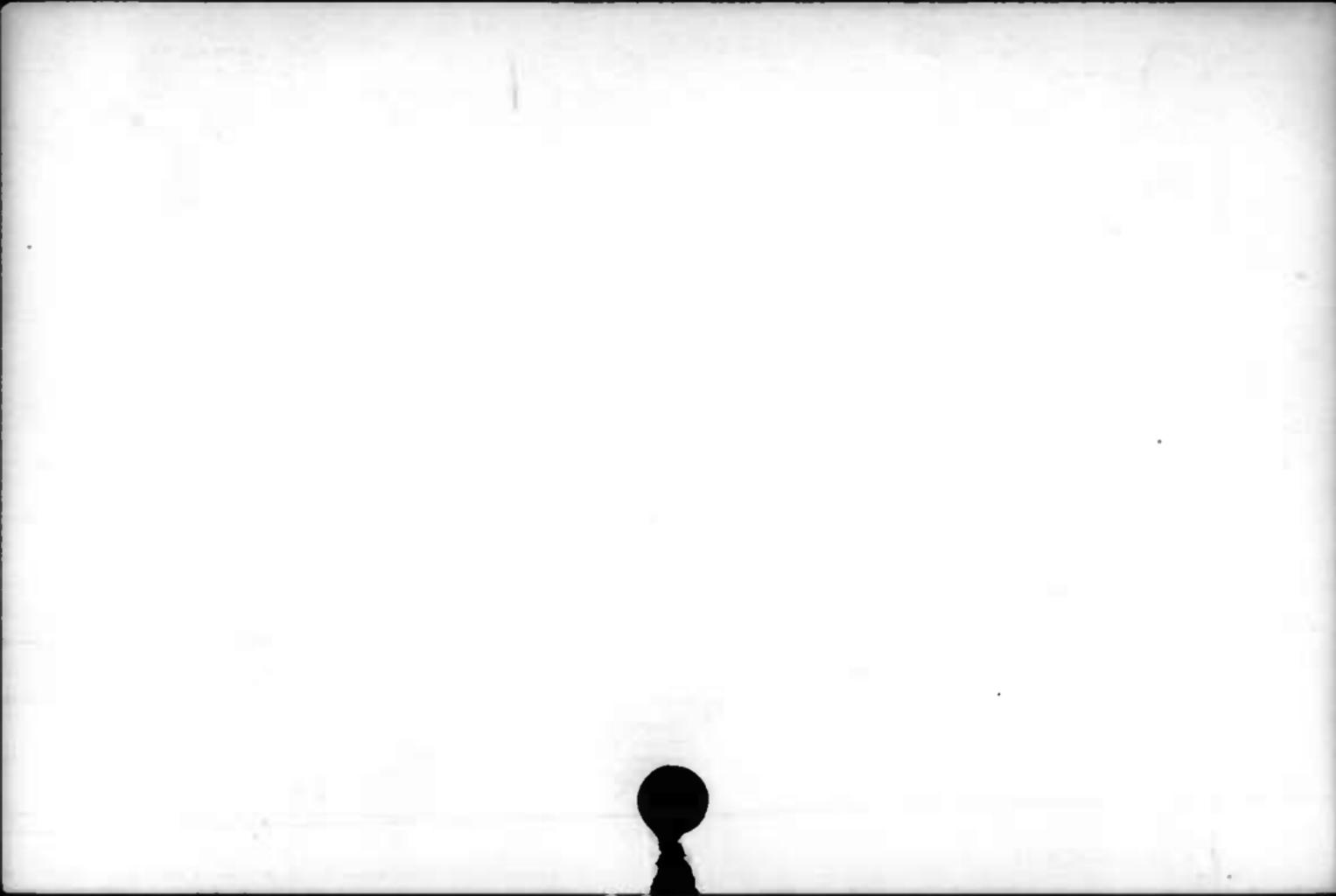
Address

no physician

W.T. Heard F.D.

Snow Hill Md.

Accident or Sudden?



Name
in
Full

Henry W Holloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 3	Day 5	Age 75	Years —	Months — Days —
Sex Male	Color or Race white	Occupation Welder	Birth- place Worceli		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name				Father's Birthplace	—
Mother's Maiden Name				Mother's Birthplace	—
Name of person giving Information	J E Hisey Jr			How related to deceased	none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long	—
Immediate	"	How long	—

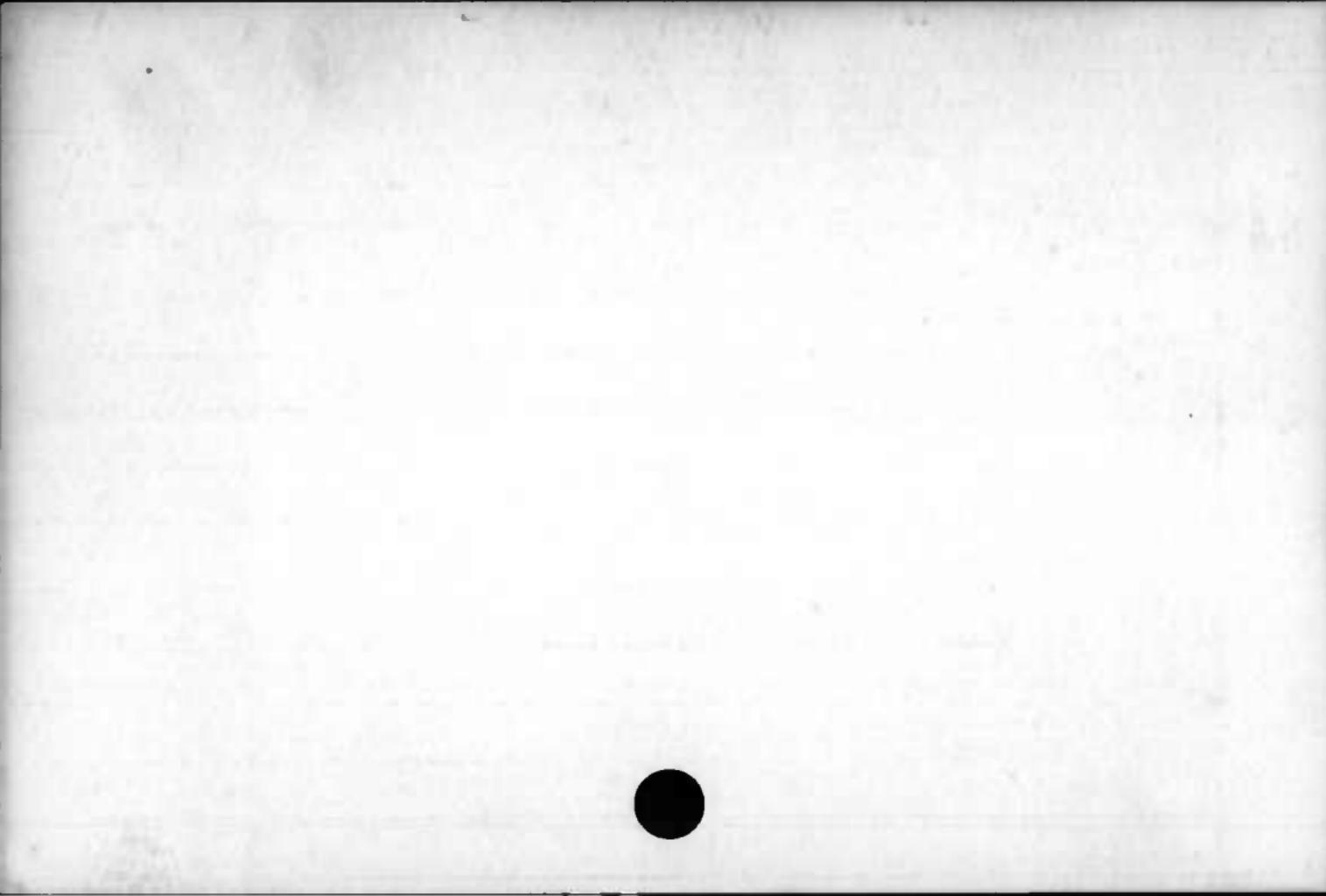
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

154

Address

Accident or Suicide?



Christopher C. Lloyd

Town

Pocomoke City

County

Worcester

MARYLAND

Died at

Pocomoke City

Y.

M.

D.

Native of

Occupation

Date 1903

Month

Day

Age

71

1

24

Md

Druggist

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Five

Husband of

Wife

Father's Name

Robt. G. Lloyd

Mother's Maiden Name

Mary Ruch

Cause of Death

Primary

Pernicious Progressive Anemia

How long sick

Immediate

Asthma

6-7 mos.

54

Accident, Suicide, Homicide

Reported by

J. S. King,

Address

Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Amanda E. Mason Long

CERTIFICATE OF DEATH

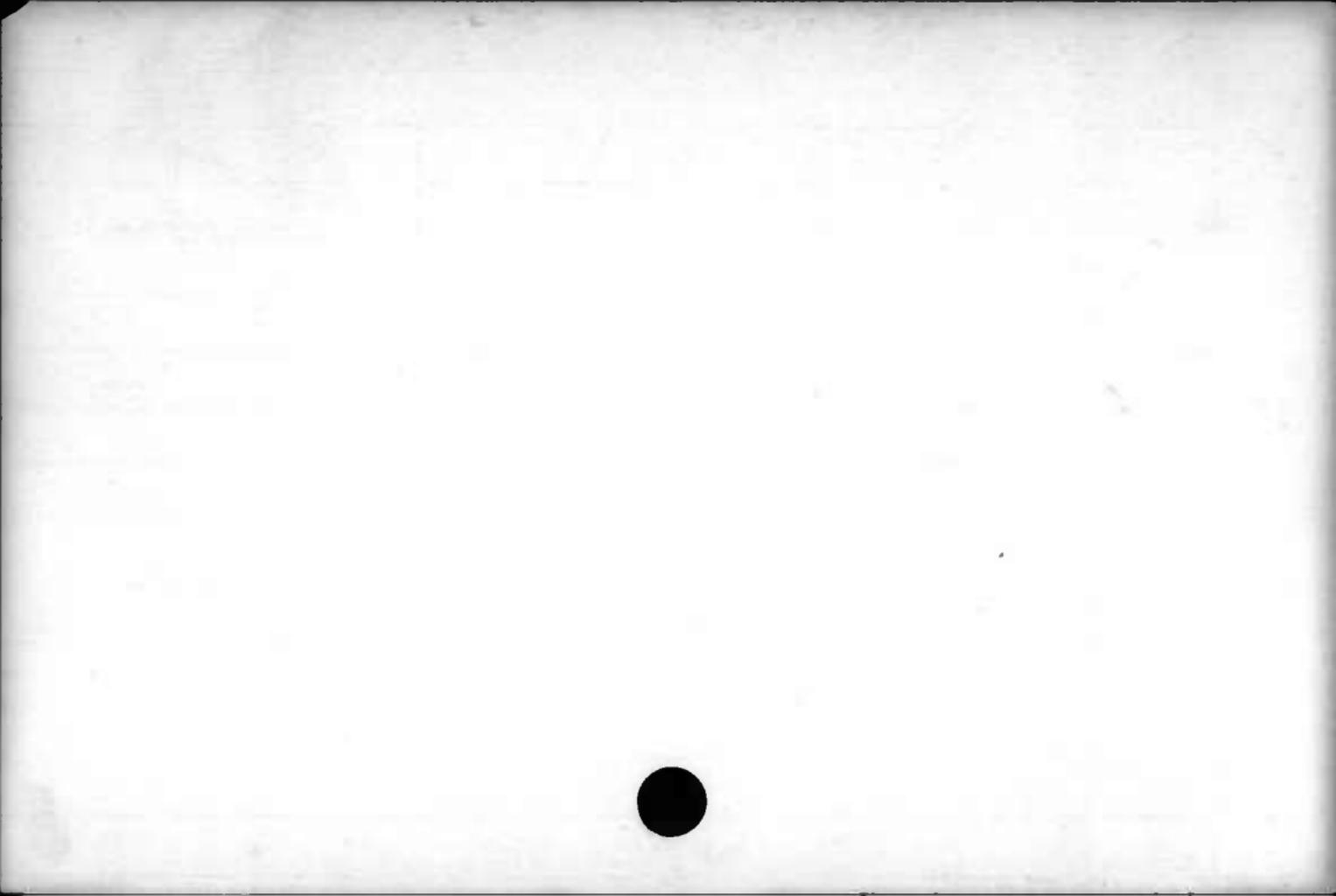
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 5	Day 9	Years 24	Months	Days
Sex female	Color or Race white	Occupation Housewife	Birth-place Worcester Co		
Married, Single or Widowed married					
Name of Wife or Husband Rufus Long					
Father's Name Mrs Mason	Father's Birthplace Worcester Co				
Mother's Maiden Name Priscilla Brittingham	Mother's Birthplace Worcester Co				
Name of person giving information H	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Puerperal Eclampsia		How long 38 few hours
Immediate	Convulsions		How long few hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Mr. Willis	Address Pocomoke City
Accident or Suicide?			



Julia T Marshall

Town

County

Died at

Pocomoke City Worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

May 25

Age 57

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

ONE

of Albert T Marshall

Wife

Father's Name

Ritchie Fooks

Mother's Maiden Name

Elza Broughton

How long sick

Cause of Death

Primary

Bright's Disease of Kidney

5 months

Death

Immediate

dropsey & heart weakness

Accident, Suicide, Homicide

Reported by

Raas T Boston

Pocomoke City Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sadie Merrill

Town

County

Died at

Pocomoke Worcester

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Date 19 03

5 14

Age 14

8

Occupation

~~White~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Edward Merrill

Mother's Maiden Name

Almaira Pitchford

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Dyspnoea & Exhaustion

Accident, Suicide, Homicide

Reported by

H. N. Wilkins

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rosa Morris

Died at Town County MARYLAND
Pawmke City - Worcester -Date 1913 Month Day Y. M. D. Native of Occupation
Male May 17 18 6 Md
Female White Married Widow Divorced
Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Henry Duncan

Mother's

Maiden Name

Dorilla Morris

Cause of

Primary

Consumption

How long sick

Death

Immediate

Accident, Suicide, Homicide

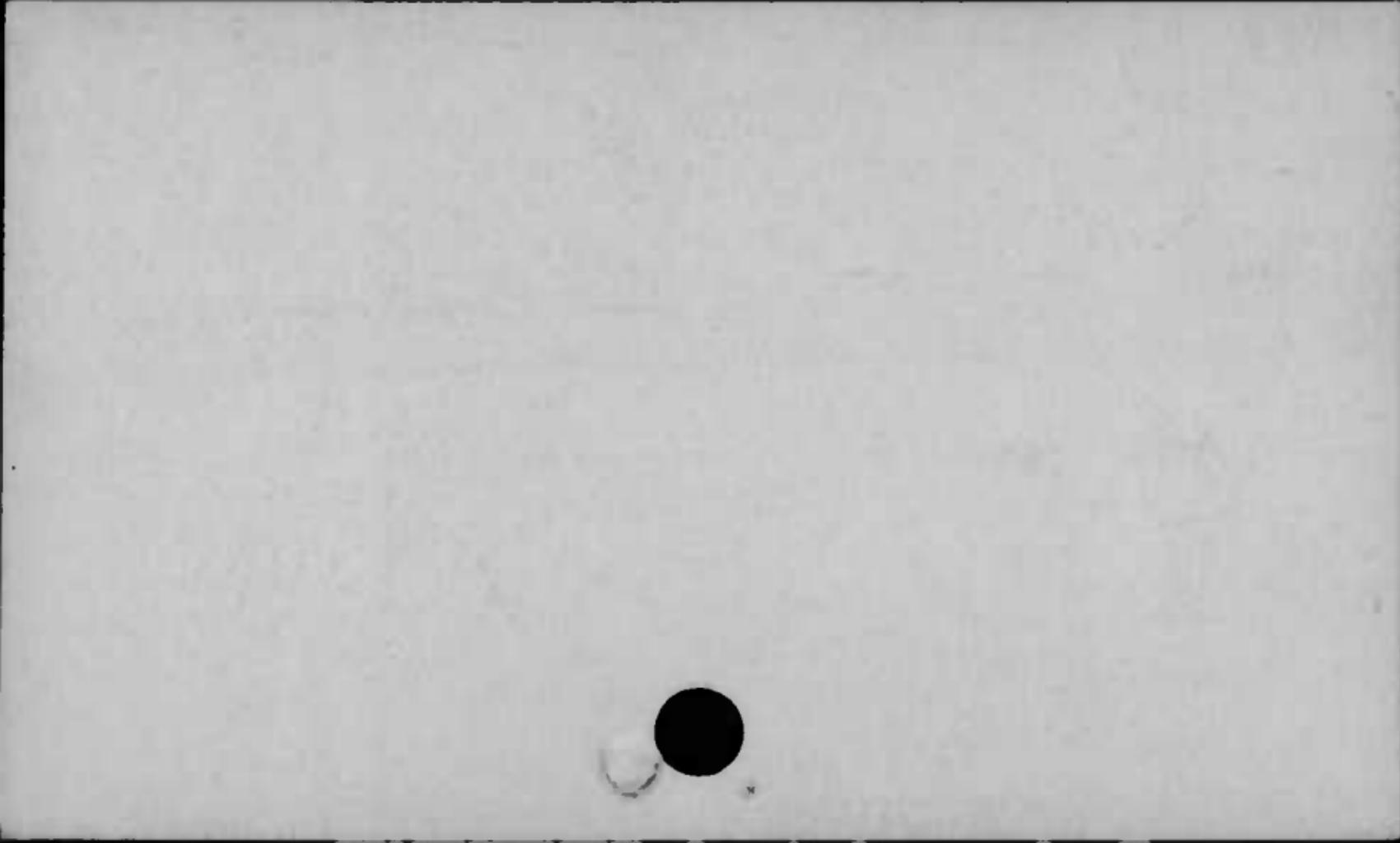
Reported by

Dorilla Morris

Address

Pawmke City -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elsiey Mills

Town Pocomoke City

County

Worcester

MARYLAND

Died at

Town

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

83

May 9

Age

2

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Eas. n Mills

Mother's
Maiden Name

Annie Giv

Cause of

Primary

dick from birth

151

How long sick

Death

Immediate

disease unknown

Accident, Suicide, Homicide

Reported by

Father of child to T T Boston MD

Address

Pocomoke City

Worcester Co. MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah E Morgan

CERTIFICATE OF DEATH

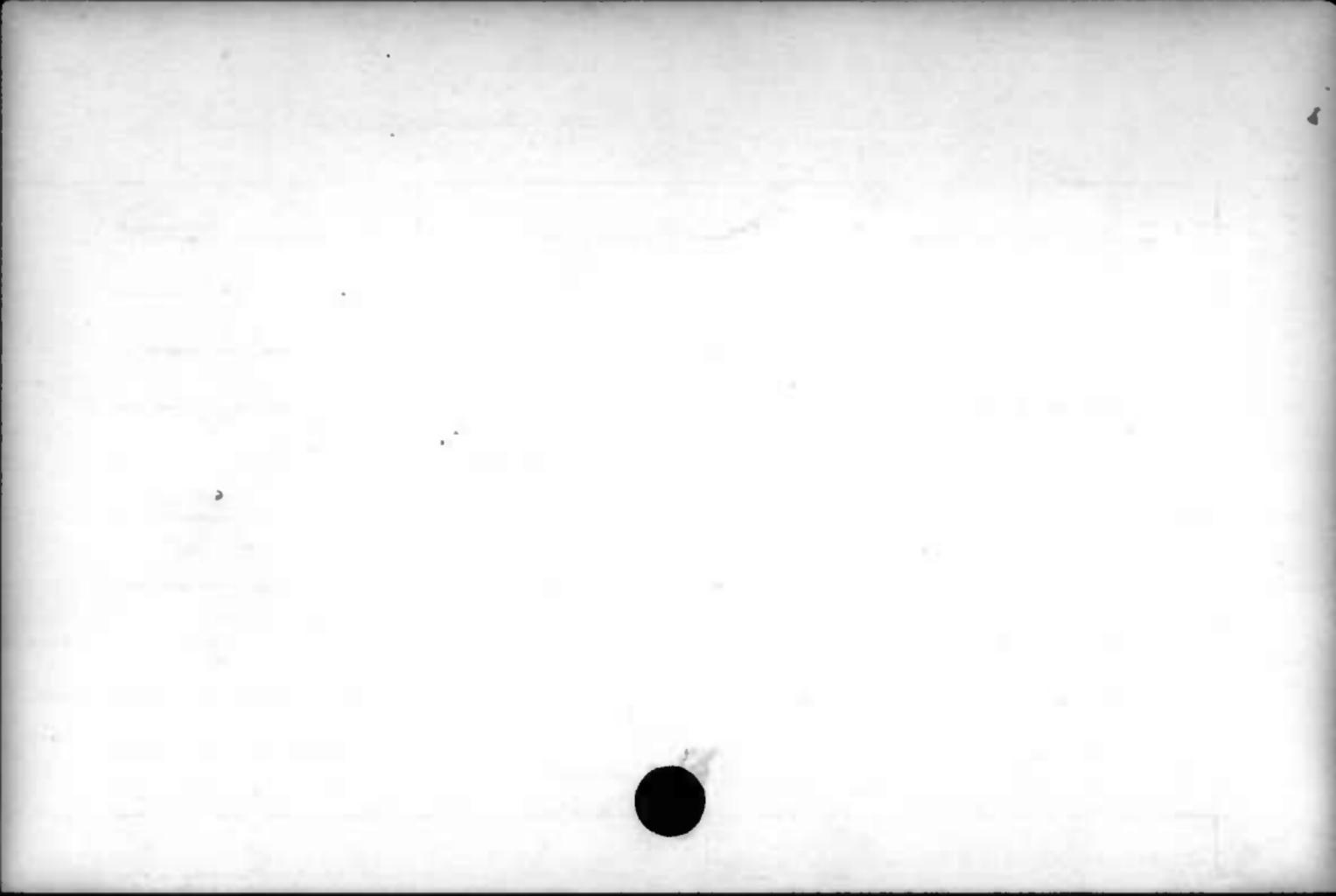
To BE ANSWERED BY
NEAREST FRIEND

Town	Snow Hill			County	Worcester	
Date of death 1903	Month May	Day 10th	Years 75	Months 2	Days 28	
Sex Female	Color or Race White	Birth- place Delaware				
Married, Single or Widowed Widow	Occupation of housewife					
Name of Wife or Husband Wm. W. Morgan						
Father's Name Samuel Dressick	Father's Birthplace					
Mother's Maiden Name Elizabeth Dressick	Mother's Birthplace					
Name of person giving Information Rosa Lee Allen	How related to deceased Son in law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis		66	How long
Immediate			66	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. D. Shugay Jr. M.D.			
Yes.	Address Snow Hill, Md.			
Accident or Suicide?				



James Payne

Town

County

MARYLAND

Died at

Ellet Grange

Worcester

Date 1903

Month Day

Y.

M.

D.

Native of

Occupation

May 19

45-3-10

Maryland

farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Annie Payne

Wife

Mother's

Father's

Littleton Payne

Maiden Name

Hettie March

Name

Cause of

Primary

Typhoid Fever

How long sick

about 2 weeks.

Death

Immediate

Silatation of Heart

Accident, Suicide, Homicide

Reported by

Dr. Edmund W. D.

Address

Ludlum

Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs. Jessie Powell

CERTIFICATE OF DEATH

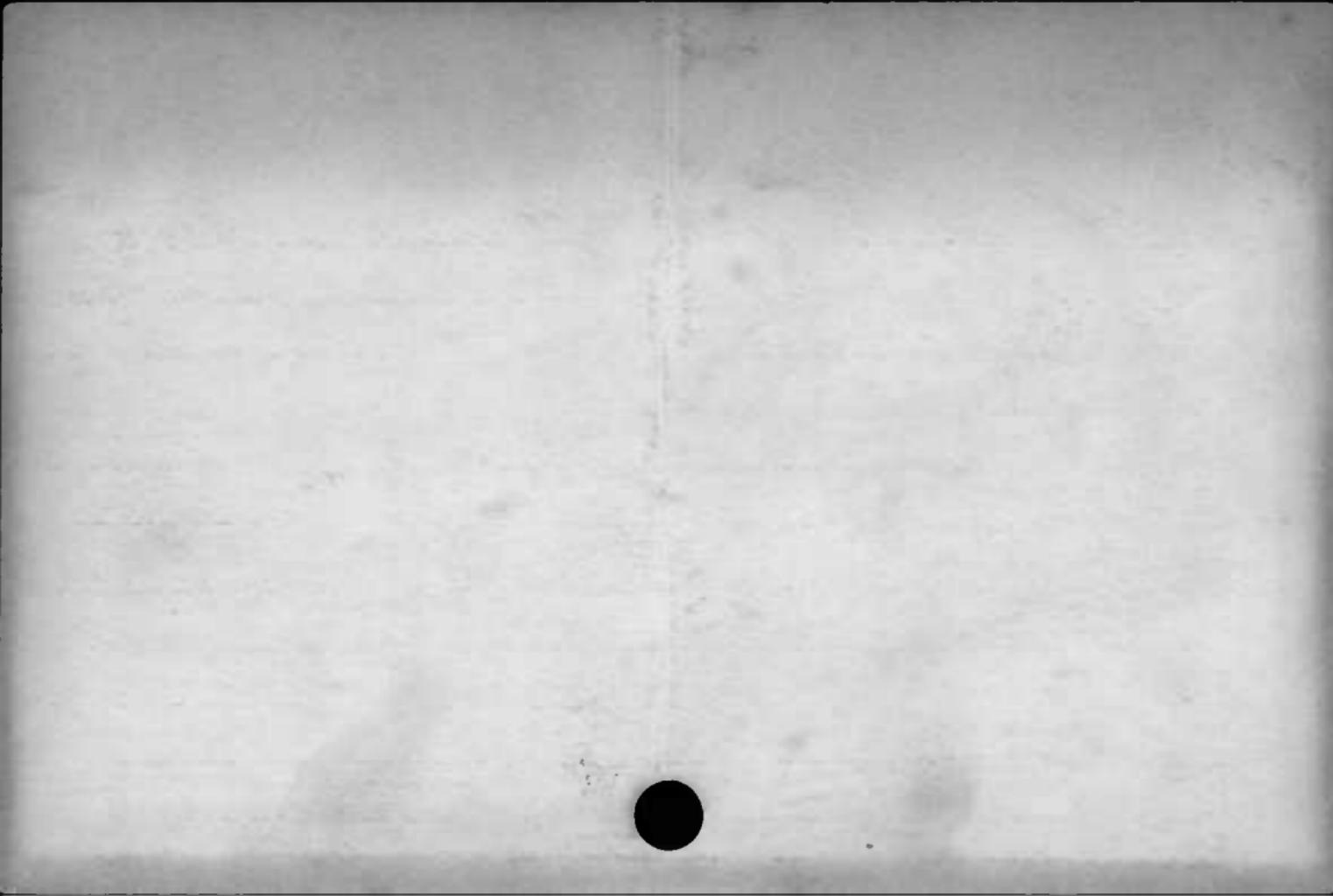
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Ocean City		County	Maryland		
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	White	Birth-place	Newark Ma		
Married, Single or Widowed	Married		Occupation	House wife			
Name of Wife or Husband	Grl William R. S. Powell						
Father's Name	Reu Dennis		Father's Birthplace	Newark Ma			
Mother's Maiden Name	Philip		Mother's Birthplace				
Name of person giving Information	S. E. Dickson		How related to deceased	+			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sarcoma 45		How long	3 Years
Immediate	Sarcoma of lung		How long	3 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. J. Dickson M.D.	
		Address	Berlin Ma	
Accident or Suicide?	+			



Laura Maudie Taylor

Town

County

Died at

MARYLAND

Stockton

Worcester

Died at

Month

Day

M. D.

Native of

Occupation

Date 19

13

May 17

Age

0 3 0

Md

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

William J Taylor

Wife

Father's

Name

Mother's

Maiden Name

Hettie Jackson

Cause of

Primary

Broncho-Pneumonia

How long sick

15 days

Death

Immediate

Ostheimer

Accident, Suicide, Homicide

Reported by

John D Dickerson

Address

Stockton

Worcester 60

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alfred Whittington

Town

Pocomoke City

County

Worcester

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

May 22

Age 76

Male

White

Married

Widow

Divorced

Female

Coloured

Single

Widower

Number of children living

2

Husband

of

Rose-Whittington

Father's
Name

John Whittington

Mother's
Maiden Name

Elizabeth Milbourn

Cause of

Primary

Debility from Age

How long sick

3 hours

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

F. T. Coates

Address



Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Emma Williams (Gilliams)

Town

County

Died at

Campbell Town

MARYLAND

Month

Day

Y. M. D.

Native of

Occupation

Date 1903

Mar

15

Age 42

Maryland housework

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of James Williams

Wife

Mother's

Father's

Maiden Name

Name Jacob Powell

Elizabeth Smack

Cause of

Primary

Consumption

How long sick

3 months

Death

Immediate

No

Accident, Suicide, Homicide

Reported by Painter Walton

By Prayer

Address Selbyville Del

Bucksville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

